patient, it may be necessary to employ thirty-six cells in order to obtain a current of say 5 ma.; in another, twelve cells will produce the same result. Therefore, the two patients, although each receiving the same amount of electricity, have not been "electrified in one and the same manner." In the one, the "electrical pressure" or electro-motor force has been three times as great as in the other. Two currents having the same intensity may, from a physiological point of view, be entirely different. The chemical and magnetic effects of a current depend solely upon the amount of electricity in the circuit; the thermal and mechanical effects depend upon the electro-motor force with which the current is produced. Consequently, it is entirely faulty to consider only the first of these propositions and to neglect the second.

We must, then, always specify both the electro-motor force and the intensity of the current. It is, therefore, proposed by V. to describe the current used by employing two numbers joined by the word "for," the first number representing the number of volts and the second the number of ampères. If, for instance, the electro-motor force is twenty-five volts and the intensity fifteen ten-thousandths of an ampère (the author uses a ten-thousandth of an ampère, instead of a thousandth as a standard), this current would be described by saying that a current of "twenty-five for fifteen ten-thousandths" was used. In order to easily obtain these two factors, V. has modified a vertical galvanometer so that by means of a commutator the same instrument may be employed as a voltameter, it having also a scale graduated in volts. (The above ideas have been noticed because they form the subject of an editorial, and great importance seems to be attached to them.

The author entirely disregards the proposition of Müller to use Erb's electrodes with their number of square centimetres distinctly marked upon them, and then to express the current by a fraction, the numerator of which represents the number of milliampères employed, and the denominator the number of square centimetres contained in the electrodes. This is much simpler than Vigouroux's proposition, and manifestly meets all requirements, for, knowing the density and the intensity of a current, we gain nothing by knowing the electro-motor force.) G. W. J.

Mogiphonie.

B. Fränkel (*Deutsche Medic. Wochen.*, 1887, No. 16) describes, under the title mogiphonie, an affection of the voice in public speakers and singers which he likens to writer's cramp; and considers a functional neurosis. He gives an account of six cases of this affection, in all of which the ordinary act of talking was not affected, but as soon as attempts at singing, preaching, or loud speaking were made, the voice absolutely failed. An examination with the laryngoscope showed that the glottis, whose movements were normal in breathing and in ordinary speaking, was held open, or rather failed to close properly when any attempts at producing a loud sound was made. Hysterical and neurasthenic conditions were not present, and the author is therefore forced to believe in the existence of an occupation neurosis of the larynx, similar in origin and symptoms to the other occupation neuroses, as writers', pianists', etc., cramp. In one case massage of the larynx was followed by recovery. M. A. S.

Neuritis Puerperalis.

P. J. Möbius (*Münchener Medic. Wochenschr.*, No. 9, 1887) describes a number of cases of a peculiar kind to which he gives the name puerperal neuritis. As diphtheria and syphilis, and as lead and other poisons are capable of producing neuritis, whose chief symptom is a motor paralysis in certain groups of muscles, so according to Möbius a certain form of neuritis is liable to develop after childbirth and as a sequel to puerperal diseases. Its symptoms are both sensory and motor. Its location is in the ulnar or median nerves of the arms or sometimes in both together. The disease begins gradually with shooting pains in the hands, which increase to constant pain and paræsthesiæ. Occasionally spasms of the muscles ensue and frequently atrophy of the thenar eminence, and reaction of degeneration in the muscles supplied by the median and ulnar nerves develops. More rarely the muscles of the upper arm, as well as of the forearm and hand, are invaded. The duration of the disease varies greatly, but the prognosis is usually favorable, recovery ensuing sooner or later in the majority of cases. Inasmuch as paralysis following childbirth has usually been ascribed to a lesion of the spinal cord, the seven cases of Möbius, fully detailed in this article, are of much interest. It is not stated, however, by the author whether this form of neuritis is always preceded by some form of puerperal septicæmia or whether it may occur without any other symptoms of blood-poisoning.

M. A. S.

The Psychical Symptoms in Alcoholic Paralysis and Multiple Neuritis.

Korsakow (*Neurol. Centralbl.*, 1887, No. 9) records 20 cases of alcoholic paralysis dependent upon multiple neuritis in which marked psychical disturbance was noticed. He distinguishes three forms of mental aberration quite distinct from one another. In the first form, the mental change was chiefly characterized by irritable weakness. The patients were uneasy, irritable, excitable, discontented with everything and every one, and were thrown into fits of crying or of rage by the slightest opposition to their whims; they were sleepless and very restless.

In the second form, a true confusion of ideas began simultaneously with the sensory and motor disturbances. The patients did not recognize their surroundings or attendants, and were subject to